

KANSAS MEDICAID STATE PLAN

Attachment 4.19B

Methods and Standards for Establishing Payment Rates

#16 Inpatient Psychiatric Services for Individuals Under 22

See Attachment 4.19-A

State Plan

Trans. No. MS-83-57

Revised 9-28-83

11-22-83

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#17

Methods and Standards for Establishing Payment Rates for Nurse-Midwife Services

Nurse-midwife services are reimbursed on the basis of reasonable fees as related to customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computations.

TN# MS-87-40 Approval Date 11/18/87 Effective Date 10/01/87 Supersedes TN# Nothing

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#18

Hospice Services  
Methods and Standards for Establishing Payment Rates

Reasonable fees as related to the Medicare standards of hospice reimbursement shall be paid for hospice services.

TN# MS-89-09 Approval Date 5/12/89 Effective Date 6/1/89 Supersedes Nothing

KANSAS MEDICAID STATE PLAN

Attachment 4.19B

Methods and Standards for Establishing Payment Rates

# 23a ~~#17a~~ Transportation

Ambulance

Ambulance transportation services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Non-Ambulance

Private motor carriers are reimbursed at the current state mileage rate for state employees.

Public motor carriers are reimbursed at established rates on the basis of reasonable charges.

Waiting time is reimbursed to the carrier at rates established by the Department.

Subsistence is reimbursed on the basis of reasonable cost, not to exceed the current state per diem rate for state employees.

1627M

State Plan  
Trans. No. 145-83-59  
Submitted 9-28-83  
Approved 11-22-83

file

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#23.e.

Emergency Hospital Services  
Methods and Standards for Establishing Payment Rates

Emergency hospital services are reimbursed on the basis of the reimbursement methodology for comparable services rendered by non-hospital providers.

Laboratory and radiology services relating to emergency hospital services are reimbursed according to the customary charges not to exceed range maximums plus two percent.

TN#MS-88-31 Approval Date 9/22/88 Effective Date 7/1/88 Supersedes TN# None

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B

#20-f #23f

Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Methods and Standards for Establishing Payment Rates

Reimbursement for medical attendant care for independent living is based upon rates determined by the agency.

Reimbursement for registered nurses supervising medical attendant care is comparable to skilled nursing services rates in home health agencies.

TN# MS-87-12 Approval Date 04/02/87 Effective Date 01/01/87 Supersedes TN# MS-85-31

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#24

Pediatric or Family Nurse Practitioners' Services  
Pursuant to OBRA 1989  
Methods and Standards for Establishing Payment Rates

Pediatric or family nurse practitioners' services pursuant to OBRA 1989 are reimbursed at the lesser of the billed charges or at 75% of the maximum rate. Kan Be Healthy (EPSDT) and anesthesiology are reimbursed at the lesser of the billed charges or at the maximum rate.

TN#MS-90-35 Approval Date 10/4/90 Effective Date 7/1/90 Supercedes TN# Nothing

Substitute per letter dated 08/14/91 "

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#1  
Replacement Page  
Dated 08-15-91

Outpatient Hospital Services  
Methods and Standards for Establishing Payment Rates

Payments to general and special hospitals for outpatient hospital services are based on the reimbursement methodologies for comparable services rendered by non-hospital providers.

TN#MS-91-22 Approval Date 9/24/91 Effective Date 4/1/91 Supersedes TN#MS-87-10



KANSAS MEDICAID STATE PLAN

Attachment 4.19B

2b

Methods and Standards for Establishing Payment Rates

#2b Rural Health Clinic Services

Rural health clinic services covered by Medicare are reimbursed at the Medicare rate. Rural health clinic services covered by Medicaid only are reimbursed by the method used for like services in the Medicaid program.

State Plan

Trans. No. MS-83-35

Original 9-29-83

Approved 11-22-83

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#2.c., Page 1

### Federally Qualified Health Centers Methods and Standards for Establishing Payment Rates

Reimbursement for covered services provided by a federally qualified health center (FQHC) shall be through a prospective encounter rate based on costs submitted by the facility.

#### I. Costs

##### A. Forms

Each FQHC will submit a cost report which details total costs incurred by the FQHC and the total number of encounters provided.

##### B. Allowable Costs

Reasonable costs shall be determined by the Department based on desk review of the applicable cost report and shall be subject to adjustment based on field audit.

##### C. Non-allowable Costs

Costs not related to patient care shall not be considered in computing reimbursable costs. In addition, the following expenses or costs shall not be allowed:

1. fees paid to non-working directors, the salaries of non-working directors, and the salaries of non-working officers;
2. bad debts
3. donations and contributions
4. fund-raising expenses
5. taxes including:
  - a) taxes from which exemptions are available to the provider